

HOUSE No. 4132

The committee on Ways and Means, reports, on a part of House, No. 3898, a Bill making appropriations for the fiscal year 2012 to provide for supplementing certain existing appropriations and for certain other activities and projects (House, No. 4132). May 30, 2012. Mr. Dempsey of Haverhill, for the committee.

The Commonwealth of Massachusetts

In the Year Two Thousand Twelve

An Act making appropriations for the fiscal year 2012 to provide for supplementing certain existing appropriations and for certain other activities and projects.

Whereas, The deferred operation of this act would tend to defeat its purposes, which are forthwith to make supplemental appropriations for fiscal year 2012 and to make certain changes in law, each of which is immediately necessary to carry out those appropriations or to accomplish other important public purposes, therefore it is hereby declared to be an emergency law, necessary for the immediate preservation of the public convenience.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. To provide for supplementing certain items in the general appropriation act and other
2 appropriation acts for fiscal year 2012, the sums set forth in section 2 are hereby appropriated from the
3 General Fund unless specifically designated otherwise in this act or in those appropriation acts, for the
4 several purposes and subject to the conditions specified in this act or in those appropriation acts, and
5 subject to the laws regulating the disbursement of public funds for the fiscal year ending June 30, 2012.
6 These sums shall be in addition to any amounts previously appropriated and made available for the
7 purposes of those items.

8	SECTION 2.		
9		DISTRICT ATTORNEY	
10		<i>Hampden District Attorney</i>	
11	0340-0598	.....	\$70,000
12		<i>Bristol District Attorney</i>	
13	0340-0998	.....	\$25,000
14		<i>Berkshire District Attorney</i>	
15	0340-1198	.....	\$53,780
16		STATE ETHICS COMMISSION	
17		<i>State Ethics Commission</i>	
18	0900-0100	.....	\$60,000
19		EXECUTIVE OFFICE OF ADMINISTRATION AND FINANCE	
20		<i>Reserves</i>	
21	1599-3384	.....	\$3,100,000
22			
23		EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES	
24		<i>Department of Developmental Services</i>	
25	5930-1000	.....	\$10,564,865
26			
27		EXECUTIVE OFFICE OF PUBLIC SAFETY AND HOMELAND SECURITY	
28		<i>Department of State Police</i>	
29	8100-1001	.....	\$1,800,000
30			
31		EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY	
32		<i>Military Division</i>	
33	8700-1150	.....	\$3,000,000
34		<i>Franklin Sheriff's Office</i>	

35 8910-0108 \$300,000

36 *Barnstable Sheriff's Office*

37 8910-8200 \$600,000

38 *Bristol Sheriff's Office*

39 8910-8300 \$900,000

40 *Dukes Sheriff's Office*

41 8910-8400 \$36,000

42 *Plymouth Sheriff's Office*

43 8910-8700 \$4,600,000

44 SECTION 2A. To provide for certain unanticipated obligations of the commonwealth, to provide
45 for an alteration of purpose for current appropriations, and to meet certain requirements of law, the sums
46 set forth in this section are hereby appropriated from the General Fund unless specifically designated
47 otherwise in this section, for the several purposes and subject to the conditions specified in this section,
48 and subject to the laws regulating the disbursement of public funds for the fiscal year ending June 30,
49 2012. These sums shall be in addition to any amounts previously appropriated and made available for the
50 purposes of those items.

51 EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE

52 *Office of the Secretary of Administration and Finance*

53 1599-4278 For a reserve to meet the fiscal year 2012 costs of salary adjustments and other economic
54 benefits authorized by the collective bargaining agreement between the commonwealth and
55 the Coalition for Public Safety Unit 5, at the alcoholic beverages control
56 commission.....\$9,848

57 1599-4303 For a reserve to meet the fiscal year 2012 costs of salary adjustments and other economic
58 benefits authorized by the collective bargaining agreement between the Barnstable county
59 sheriff's department and the American Federation of State, County and Municipal
60 Employees, Local 1462C, AFL /AFL-CIO, Council 93, Local
61 1462C.....\$12,689

62 1599-7050 For a reserve to evaluate the retiree health care cost valuation of cities and towns in the
63 Commonwealth; provided, that funds from this items may be used by the public employee
64 retirement administration commission in agreement with section 57 of chapter 68 of the acts
65 of 2011.....\$150,000

66 1599-7051 For a reserve to evaluate the retiree health care cost valuation of cities and towns in the
67 Commonwealth; provided, that funds from this items may be used by the public employee
68 retirement administration commission in agreement with section 57 of chapter 68 of the acts
69 of 2011; provided further, that funds from this item may also be available for the study of
70 the operation and structure of the group insurance commission or any other aspects of
71 employee healthcare in agreement with section 58 of chapter 176 of the acts of
72 2011.....\$40,000
73

74 EXECUTIVE OFFICE OF EDUCATION

75 *Department of Higher Education*

76 7077-0024 For a contract with the Cummings School of Veterinary Medicine at Tufts University;
77 provided, that funds appropriated in this item shall be expended for workforce training
78 support targeted to specific skills required within the life sciences
79 sector.....\$210,000

80 SECTION 2C.I. For the purpose of making available in fiscal year 2013 balances of
81 appropriations which otherwise would revert on June 30, 2012, the unexpended balances of the
82 maintenance appropriations listed below, not to exceed the amount specified below for each
83 item, are hereby re-appropriated for the purposes of and subject to the conditions stated for the
84 corresponding item in section 2 of the general appropriation act for fiscal year 2012. The
85 unexpended balance of all appropriations in the Massachusetts management accounting and
86 reporting system with a secretariat code of 01 or 17, are hereby re-appropriated for the purposes
87 of and subject to the conditions stated for the corresponding item in section 2 of chapter 68 of the

acts of 2011. However, for items which do not appear in section 2 of the general appropriation act, the amounts in this section are re-appropriated for the purposes of and subject to the conditions stated for the corresponding item in section 2 or 2A of this act or in prior appropriation acts. Amounts in this section are re-appropriated from the fund or funds designated for the corresponding item in section 2 of the general appropriation act; provided, however, that for items which do not appear in section 2 of the general appropriation act, the amounts in this section are re-appropriated from the fund or funds designated for the corresponding item in section 2 or 2A of this act or in prior appropriation acts.

DISTRICT ATTORNEY

Berkshire District Attorney

0340-1102\$194,134

EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE

Office of the Secretary of Administration and Finance

1599-2013\$617,000

SECTION 2E. To provide for certain unanticipated obligations of the commonwealth, to provide for an alteration of purpose for current appropriations, and to meet certain requirements of law, the sums set forth in this section are hereby appropriated for transfer from the General Fund to the trust funds named within each item unless specifically designated otherwise in this section, for the purposes and subject to the conditions specified in this section and subject to the laws regulating the disbursement of public funds for the fiscal year ending June 30, 2012. Items in this section shall not be subject to allotment under section 9B of chapter 29 of the General Laws or reduction under section 9C of said chapter 29, without express authorization from the general court. Notwithstanding section 19A of said chapter 29, any transfer under this section shall be made by the comptroller in accordance with a transfer schedule to be developed for each item by the comptroller, after consulting with the appropriate agency

secretary, the secretary of administration and finance and the state treasurer. The schedule for each appropriation shall provide for transfers in increments considered appropriate to meet the cash flow needs of each fund and all transfers under the schedule shall be completed not later than June 30, 2012. Not later than 7 days after the schedules receive final approval by the comptroller, they shall be reported to the house and senate committees on ways and means.

OFFICE OF THE STATE COMPTROLLER

Office of the State Comptroller

1595-1067 For an operating transfer to the Delivery System Transformation Initiatives Trust Fund established in section 35WW of chapter 10 of the General Laws; provided, that these funds shall be expended pursuant to the Delivery System Transformation Initiative Master Plan and hospital-specific plans approved in the MassHealth section 1115 demonstration for fiscal year 2012; provided further, that all payments from the Delivery System Transformation Initiatives Trust Fund shall be subject to the availability of federal financial participation, shall be made only in accordance with federally approved payment methods, shall be consistent with federal funding requirements and all federal payment limits as determined by the secretary of health and human services and shall be subject to the terms and conditions of an agreement with the executive office of health and human services; and provided further, that the secretary of health and human services shall make payments of up to \$44,853,333 from the Delivery System Transformation Initiatives Fund to the Cambridge Public Health Commission for fiscal year 2012 only after the Cambridge Public Health Commission transfers up to \$22,426,667 of its funds to the Delivery System Transformation Initiatives Trust Fund using a federally permissible source of funds which shall fully satisfy the non-federal share of such payment.....\$186,907,667

139 **SECTION 3.** Section 14A of chapter 6A of the General Laws, as appearing in the 2010 Official
140 Edition, is hereby amended by striking out, in line 28, the word "and".

141 **SECTION 4.** Said section 14A of said chapter 6A, as so appearing, is hereby further amended
142 by inserting after the word "boards", in line 32, the following words:-

143 and (7) manage all information technology resources within the departments listed in subsection
144 (a), including, but not limited to, all resources necessary to implement a longitudinal data system
145 to coordinate the collection and analysis of educational data from pre-kindergarten programs
146 through higher education, and oversee the departments' compliance with all standards and
147 policies of the information technology division.

148 **SECTION 5.** The first paragraph of subsection (d) of section 4A of chapter 7 of the General
149 Laws, as amended by section 11 of chapter 68 of the acts of 2011, is hereby amended by striking
150 out, in the fifth sentence, the words "and other political subdivisions of the commonwealth" and
151 inserting in place thereof the following words:- other political subdivisions of the commonwealth
152 and other states of the United States where the provision of these services to other states will
153 decrease the costs or improve the efficiency of the services provided by the information
154 technology division to the commonwealth.

155 **SECTION 6.** Section 22 of chapter 7 of the General Laws, as appearing in the 2010 Official
156 Edition, is hereby amended by striking out, in line 20, the figure "\$5,000" and inserting in place
157 thereof the following figure:- \$10,000.

158 **SECTION 7.** Chapter 10 of the General Laws is hereby amended by inserting after section 35SS
159 the following 2 sections:-

Section 35TT. There shall be established and set up on the books of the commonwealth a separate fund to be known as the Money Follows the Person Rebalancing Demonstration Grant Trust Fund, which shall be administered by the secretary of health and human services. Amounts from the trust fund shall be used for expenses that primarily benefit individuals who have a disability or long-term illness or who are elders. The comptroller shall credit to the trust fund an amount equal to the amount of money follows the person-enhanced federal financial participation received by the commonwealth on money follows the person qualified, demonstration or supplemental services under the terms and conditions of the money follows the person rebalancing demonstration as determined by a federally approved list of home and community based long-term services and supports and federally approved allocation methodologies for home and community based long-term services and supports purchased through capitated arrangements. The funds shall be used to fund slots for money follows the person participants in the 2 new money follows the person home and community-based waiver programs established to support the commonwealth's rebalancing initiative. The secretary may authorize expenditures of amounts from the trust fund without further appropriation. The comptroller shall transfer to the trust fund no later than the tenth business day of each quarter, an amount equal to the amount of enhanced federal financial participation collected from the previous quarter. The secretary may certify for payment amounts in anticipation of federal revenues collected for the corresponding quarter during the previous fiscal year. For the purpose of accommodating timing discrepancies between the receipt of revenues and related expenditures, the secretary may incur expenses, after written approval from the secretary of administration and finance, and the comptroller shall certify for payment, amounts not to exceed

the most recent revenue estimate as certified by the MassHealth director, as reported in the state accounting system

Section 35UU. There shall be established and set up on the books of the commonwealth a separate fund to be known as the Delivery System Transformation Initiatives Trust Fund, which shall be administered by the secretary of health and human services. Monies from the trust fund may be expended for delivery system transformation initiatives payments to qualifying providers under an approved federal waiver. Amounts credited to the trust fund shall not be subject to further appropriation.

SECTION 8. Chapter 29 of the General Laws is hereby amended by striking out section 2000, as appearing in the 2010 Official Edition, and inserting in place thereof the following section:-

Section 2000. There is hereby established and set up on the books of the commonwealth a separate fund to be known as the Commonwealth Care Trust Fund, in this section called the trust fund. The secretary of administration and finance shall be the trustee of the fund and shall expend money in the fund for the purposes described herein.

There shall be credited to the trust fund: (a) all contributions collected under section 188 of chapter 149, (b) all revenue from surcharges imposed under section 18B of chapter 118G, (c) any transfers from the Health Safety Net Trust Fund, established by section 36 of chapter 118G, (d) revenue deposited from penalties collected under chapter 111M, and (e) any revenue from appropriations or other monies authorized by the general court and specifically designated to be credited to the fund. Amounts credited to the trust fund shall be expended without further appropriation for programs administered by the commonwealth health insurance connector

authority pursuant to chapter 176Q that are designed to increase health coverage for residents of the commonwealth. Money from the trust fund may be transferred to the Health Safety Net Trust Fund, established by section 36 of chapter 118g, or any successor fund, as necessary to provide payments to acute hospitals and community health centers for reimbursable health services. Not later than January 1, the comptroller shall report an update of revenues for the current fiscal year and prepare estimates of revenues to be credited to the trust fund in the subsequent fiscal year. The comptroller shall file this report with the secretary of administration and finance, the secretary of the executive office of health and human services, the joint committee on health care financing, and the house and senate committees on ways and means. Money remaining in the fund at the end of a fiscal year shall not revert to the General Fund; provided, however, that the comptroller shall report the amount remaining in the fund at the end of each fiscal year to the house and senate committees on ways and means.

SECTION 9. Section 19 of chapter 32B of the General Laws, as so appearing, is hereby amended by striking out, in lines 165 to 167, the words “not later than October 1 of each year and the transfer of subscribers to the commission shall take effect on the following July 1” and inserting in place thereof the following words:- on or before December 1 of each year for transfer of subscribers to the commission effective the following July 1, or on or before July 1 of each year for transfer of subscribers to the commission effective the following January 1.

SECTION 10. Section 21 of said chapter 32B of the General Laws, as inserted by section 3 of chapter 69 of the acts of 2011, is hereby amended by inserting after the word “meeting”, in subsection (a), the following words:- or by vote of the district’s governing board.

SECTION 11. Subsection (a) of section 23 of said chapter 32B, as inserted by section 3 of chapter 69 of the acts of 2011, is hereby amended by striking out, in the second sentence, the words “and the transfer of subscribers to the commission shall take effect on the following July 1” and inserting in place thereof the following words:- for transfer of subscribers to the commission effective the following July 1, or on or before July 1 of each year for transfer of subscribers to the commission effective the following January 1.

SECTION 12. Section 51H of chapter 111 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by striking out subsection (d) and inserting in place thereof the following subsection:-

(d) The department shall promulgate regulations prohibiting a health care facility from charging or seeking reimbursement for services provided as result of the occurrence of a serious reportable event. Except as the executive office of health and human services otherwise provides for services to MassHealth members consistent with section 2702 of the Patient Protection and Affordable Care Act (P.L. 111-148), a health care facility shall not charge or seek reimbursement for a serious reportable event that the facility has determined, through a documented review process, and under regulations promulgated by the department, was (i) preventable; (ii) within its control; and (iii) unambiguously the result of a system failure based on the health care provider’s policies and procedures; provided, however, for services to MassHealth members, the health care facility shall perform this documented review process and determination solely for purposes of reporting to the department.

SECTION 13. Section 51H of chapter 111 of the General Laws, as appearing in section 65 of chapter 451 of the acts of 2008, is hereby amended by striking out subsection (d) and inserting in place thereof the following subsection:-

(d) The department shall promulgate regulations prohibiting a health care facility from charging or seeking reimbursement for services provided as result of the occurrence of a serious reportable event. Except as the executive office of health and human services otherwise provides for services to MassHealth members consistent with section 2702 of the Patient Protection and Affordable Care Act (P.L. 111-148), a health care facility shall not charge or seek reimbursement for a serious reportable event that the facility has determined, through a documented review process, and under regulations promulgated by the department, was (i) preventable; (ii) within its control; and (iii) unambiguously the result of a system failure based on the health care provider's policies and procedures; provided, however, for services to MassHealth members, the health care facility shall perform this documented review process and determination solely for purposes of reporting to the department.

SECTION 14. Section 2 of chapter 112 of the General Laws, as appearing in the 2010 Official Edition, is hereby amended by inserting at the end of the eighth paragraph the following sentences:-

The board also shall require, as a condition of granting or renewing a physician's certificate of registration, that the physician apply to participate in the medical assistance program administered by the commonwealth's secretary of health and human services in accordance with chapter 118E and Title XIX of the Social Security Act and any federal demonstration or waiver relating to such medical assistance program for the limited purpose of ordering and referring

services covered under such program, provided that regulations governing such limited participation are promulgated under chapter 118E. A physician who chooses to participate in such medical assistance program as a provider of services shall be deemed to have fulfilled this requirement.

SECTION 15. Section 16 of said chapter 112, as so appearing, is hereby amended by inserting after the third paragraph the following paragraph:-

Notwithstanding the foregoing, the board shall require as a condition of granting or renewing a podiatrist's certificate of registration, that the podiatrist apply to participate in the medical assistance program administered by the commonwealth's secretary of health and human services in accordance with chapter 118E and Title XIX of the Social Security Act and any federal demonstration or waiver relating to such medical assistance program for the limited purpose of ordering and referring services covered under such program, provided that regulations governing such limited participation are promulgated under chapter 118E. A podiatrist who chooses to participate in such medical assistance program as a provider of services shall be deemed to have fulfilled this requirement.

SECTION 16. Section 45 of said chapter 112, as so appearing, is hereby amended by inserting after the first paragraph the following paragraph:-

The board shall require as a condition of granting or renewing a dentist's certificate of registration, that the dentist apply to participate in the medical assistance program administered by the commonwealth's secretary of health and human services in accordance with chapter 118E and Title XIX of the Social Security Act and any federal demonstration or waiver relating to

such medical assistance program for the limited purpose of ordering and referring services covered under such program, provided that regulations governing such limited participation are promulgated under chapter 118E. A dentist who chooses to participate in such medical assistance program as a provider of services shall be deemed to have fulfilled this requirement.

SECTION 17. Section 68 of said chapter 112, as so appearing, is hereby amended by inserting after the second paragraph the following paragraph:-

Notwithstanding the foregoing, the board shall require as a condition of granting or renewing an optometrist's certificate of registration, that the optometrist apply to participate in the medical assistance program administered by the commonwealth's secretary of health and human services in accordance with chapter 118E and Title XIX of the Social Security Act and any federal demonstration or waiver relating to such medical assistance program for the limited purpose of ordering and referring services covered under such program, provided that regulations governing such limited participation are promulgated under chapter 118E. An optometrist who chooses to participate in such medical assistance program as a provider of services shall be deemed to have fulfilled this requirement.

SECTION 18. Section 80B of said chapter 112, as so appearing, is hereby amended by inserting at the end of the sixth paragraph the following sentences:-

The board shall require as a condition of granting or renewing authorization in advanced practice, that the nurse apply to participate in the medical assistance program administered by the commonwealth's secretary of health and human services in accordance with chapter 118E and Title XIX of the Social Security Act and any federal demonstration or waiver relating to such

medical assistance program for the limited purpose of ordering and referring services covered under such program, provided that regulations governing such limited participation are promulgated under chapter 118E. A nurse practicing in an advanced practice nursing role who chooses to participate in such medical assistance program as a provider of services shall be deemed to have fulfilled this requirement.

SECTION 19. Section 9 of chapter 118E of the General Laws, as so appearing, is hereby amended by inserting after the second paragraph the following paragraph:-

The secretary of the executive office of health and human services may design, establish and administer a Basic Health Program pursuant to and in conformity with the provisions of federal law including 42 U.S.C 18051. Enrollment into the Basic Health Program may begin no earlier than January 1, 2014. Any such program shall be subject to regulations promulgated by the executive office provided that such program shall be available to residents of the commonwealth who are United States citizens and lawfully present aliens, to the extent permitted by federal law, whose household income is 200 per cent or less of the federal poverty level as calculated pursuant to the regulations of the executive office.

SECTION 20. Chapter 118E of the General Laws is hereby amended by inserting after section 9E, as appearing in the 2010 Official Edition, the following section:-

Section 9F. (a) The secretary of the executive office may establish, subject to appropriation, all required federal approvals and agreements, and the availability of federal financial participation, a program, known as the Demonstration to Integrate Care for Dual Eligible Individuals, hereafter the Duals Demonstration, for Massachusetts residents, aged 21 through 64 at the time of

enrollment, who are dually eligible for benefits under MassHealth Standard or CommonHealth and Medicare under Title XVIII of the Social Security Act and do not have any additional comprehensive health coverage. Under the Duals Demonstration, the executive office, jointly with the federal centers for Medicare and Medicaid services, shall contract with entities, to be known as Dual Eligible Integrated Care Organizations, hereafter ICOs, to provide integrated, comprehensive Medicaid and Medicare services including medical, behavioral health and long term support services for a prospective blended payment from the executive office and the centers for Medicare and Medicaid.

(b) Notwithstanding any general or special law to the contrary, the secretary of health and human services may review a request for financial solvency certification by a care delivery organization based in the commonwealth applying to serve as a Medicare plan caring for residents of the commonwealth who are dually eligible for Medicare and Medicaid. Upon determination that appropriate financial standards, which may be the standards already in place for organizations with contracts pursuant to this section, have been met, the secretary shall so certify to the centers for Medicare and Medicaid services. The secretary may require the requesting organization to pay a reasonable certification fee.

(c) No contract to provide ICO services under this section shall constitute the business of insurance and no such plan shall be subject to chapters 175 to 176O, inclusive. Nothing in this paragraph shall affect the legal status or obligations under such insurance laws of any entity otherwise constituting or conducting the business of insurance for any other purpose.

SECTION 21. Chapter 176G of the General Laws is hereby amended by striking out section 16A, as appearing in the 2010 Official Edition, and inserting in place thereof the following section:-

Section 16A. The commissioner shall not disapprove a health maintenance contract:

(a) if it complies with the requirements of 42 U.S.C. Sec. 18022(e); or

(b) on the basis that it includes a deductible that is consistent with the requirements for a high deductible plan as defined in section 223 of the Internal Revenue Code and implementing regulations or guidelines; provided, however, that the maximum deductible shall not be greater than the maximum annual contribution to a health savings account permitted under section 223 of the Internal Revenue Code. A deductible equal to the maximum annual contribution to a health savings account shall only be approved for products which include a health savings account permitted under said section 223 of the Internal Revenue Code.

SECTION 22. Section 1 of chapter 176J of the General Laws, as so appearing, is hereby amended by inserting after the definition of "Adjusted average market premium price" the following definition:-

"Affordable Care Act," the federal Patient Protection and Affordable Care Act, Public Law 111-148, adopted March 23, 2010, as amended by the federal Health Care and Education Reconciliation Act of 2010, Public Law 111-152, and federal regulations adopted pursuant to that Act.

SECTION 23. Said section 1 of said chapter 176J, as so appearing, is hereby further amended by inserting after the definition of "Carrier" the following definitions:-

370 “Catastrophic plan”, a health benefits plan limited exclusively for sale to eligible individuals who
371 also meet the requirements of eligibility for catastrophic plans as defined by 42 U.S.C. 18022(e)
372 and whose premium rates are consistent with section 3 of chapter 176J.

373 “Child-only plan”, a health benefits plan limited exclusively for sale to eligible children in
374 accordance with 42 U.S.C. Sec. 300gg-6(c) and U.S.C. Sec. 18022(f) and whose premium rates
375 are consistent with section 3 of chapter 176J.

376 **SECTION 24.** Said section 1 of said chapter 176J, as so appearing, is hereby further amended
377 by inserting after the definition of "Date of enrollment" the following definition:-

378 “Eligible child”, an eligible individual who, as of the beginning of a plan year, has not attained
379 the age of 21 and who is seeking to enroll in a child-only plan offered by a carrier.

380 **SECTION 25.** Said section 1 of said chapter 176J, as so appearing, is hereby further amended
381 by inserting after the words “minimum creditable coverage.”, in lines 68 and 69, the following
382 sentence:-

383 Unless specifically stated to the contrary, persons eligible to buy child-only plans and
384 catastrophic plans shall be considered eligible individuals for the purposes of chapter 176J.

385 **SECTION 26.** Said section 1 of said chapter 176J, as so appearing, is hereby further amended
386 by inserting after the definition of "Trade Act/HCTC-eligible persons" the following definition:-

387 “Transitional reinsurance program”, a 3 year temporary reinsurance program for the years 2014,
388 2015 and 2016, as further described in Section 1341 of the federal Affordable Care Act.

389 **SECTION 27.** Paragraph (1) of subsection (a) of section 4 of said chapter 176J, as so appearing,
390 is hereby amended by inserting at the end thereof the following sentence:-

391 Notwithstanding the foregoing, this section shall not apply to health benefit plans sold
392 exclusively as child-only plans or catastrophic plans.

393 **SECTION 28.** Chapter 176J of the General Laws is hereby further amended by striking out
394 section 8, as so appearing, and inserting in place thereof the following section:-

395 Section 8. The commissioner shall have the authority to study the implementation of a
396 Transitional Reinsurance Program for calendar years 2014, 2015 and 2016 according to section
397 1341 of the federal Affordable Care Act. The commissioner shall have the further authority to
398 either establish such program for calendar years 2014, 2015 and 2016 or, if the commissioner
399 believes that such program is not appropriate for the commonwealth, to apply for any appropriate
400 waiver from the requirement to implement such program. The commissioner may promulgate
401 regulations to enforce the provisions of this section.

402 **SECTION 29.** Chapter 176O of the General Laws is hereby amended by inserting after section
403 21 the following section:-

404 Section 22. Notwithstanding any other general or special law, each carrier shall require, as a
405 condition of participation in the carrier's provider network by any physician, dentist, optometrist,
406 podiatrist and nurse practicing in an advance practice nursing role, that such provider also apply
407 to participate in the medical assistance program administered by the commonwealth's secretary
408 of health and human services in accordance with chapter 118E and Title XIX of the Social
409 Security Act and any federal demonstration or waiver relating to such medical assistance

program for the limited purpose of ordering and referring services covered under such program,
provided that regulations governing such limited participation are promulgated under chapter
118E. Any such provider who chooses to participate in such medical assistance program as a
provider of services shall be deemed to have fulfilled this requirement.

SECTION 30. Section 1 of chapter 176Q of the General Laws, as appearing in the 2010
Official Edition, is hereby amended by inserting after the words “chapter 176G”, in line 12, the
following words:-

; a dental service corporation organized under chapter 176E; a non-profit optometric service plan
organized under chapter 176F.

SECTION 31. Said section 1 of said chapter 176Q, as so appearing, is hereby further amended
by inserting after the definition of “Carrier” the following definitions:-

“Catastrophic plan”, a health benefits plan limited exclusively for sale to eligible individuals who
also meet the requirements of eligibility for catastrophic plans as defined by 42 U.S.C. 18022(e)
and whose premium rates are consistent with section 3 of chapter 176J.

“Child-only plan”, a health benefits plan limited exclusively for sale to eligible children in
accordance with 42 U.S.C. Sec. 300gg-6(c) and U.S.C. Sec. 18022(f) and whose premium rates
are consistent with section 3 of chapter 176J.

SECTION 32. Said section 1 of said chapter 176Q, as so appearing, is hereby further amended
by inserting after the definition of “Division” the following definition:-

“Eligible child”, an eligible individual who, as of the beginning of a plan year, has not attained the age of 21 and who is seeking to enroll in a child-only plan offered by a carrier.

SECTION 33. Said section 1 of said chapter 176Q, as so appearing, is hereby further amended by striking out the definition of “Premium assistance payment” and inserting in place thereof the following two definitions:-

“Premium assistance payment”, a payment made to carriers or individuals by the connector to offset the value of a health benefit plan premium.

“Point-of-service cost-sharing subsidy”, a payment made to carriers or individuals by the connector to offset point-of-service cost-sharing expenses of an individual, which shall include, but not be limited to, copayments, coinsurance and deductibles.

SECTION 34. Section 1 of said chapter 176Q, as so appearing, is hereby further amended by inserting after the definition of “Rating factor” the following definition:-

“Stand alone vision or dental plan”, a non-profit dental service plan offered by a licensed dental service corporation, as those terms are defined in section 1 of chapter 176E, or a non-profit optometric service plan offered by a licensed optometric service corporation, as those terms are defined in section 1 of chapter 176F, offered independently of a health benefit plan offered through the connector, or offered by an insurer licensed or otherwise authorized to transact accident and health insurance under chapter 175; a nonprofit hospital service corporation organized under chapter 176A; or a nonprofit medical service corporation organized under chapter 176B.

449 **SECTION 35.** Section 3 of said chapter 176Q, as so appearing, is hereby amended by inserting
450 after the words “health benefit plans”, in line 13, the following words:-

451 and stand alone vision or dental plans

452 **SECTION 36.** Said section 3 of said chapter 176Q, as so appearing, is hereby further amended
453 by inserting after the words “health insurance coverage”, in line 34, the following words:-

454 or stand alone vision or dental insurance coverage

455 **SECTION 37.** Said section 3 of said chapter 176Q, as so appearing, is hereby further amended
456 by inserting after the words “health benefit plans”, in lines 41, 43 and 44, each time they appear,
457 the following words:-

458 or stand alone vision or dental plans

459 **SECTION 38.** Subsection (a) of said section 3 of said chapter 176Q, as so appearing, is hereby
460 further amended by striking out paragraph (14) and inserting in place thereof the following
461 paragraph:-

462 (14) develop criteria for plans sold through the connector that are eligible for premium assistance
463 payments or cost-sharing.

464 **SECTION 39.** Said section 3 of said chapter 176Q, as so appearing, is hereby further amended
465 by striking out subsection (b) and inserting in place thereof the following subsection:-

(b) to determine each applicant's eligibility for purchasing insurance offered by the connector, including eligibility for premium assistance payments or cost-sharing subsidies for applicants at or below 300 per cent of the federal poverty guidelines.

SECTION 40. Said section 3 of said chapter 176Q, as so appearing, is hereby further amended by inserting at the end thereof the following subsection:-

(u) to define and establish by regulation a risk adjustment program as required by 42 U.S.C. Sec. 18063.

SECTION 41. Section 4 of said chapter 176Q, as so appearing, is hereby amended by striking out subsection (a) and inserting in place thereof the following subsection:-

(a) The connector may only offer health benefit plans or stand alone vision or dental plans to eligible individuals, eligible children and eligible small groups as defined in this chapter. Sub-connectors shall be authorized to offer all health benefit plans that the connector may offer, including all health benefit plans offered through the commonwealth care health insurance program.

SECTION 42. Section 5 of said chapter 176Q, as so appearing, is hereby amended by inserting after the words "health insurance plans", in line 1, the following words:-

and stand alone vision or dental plans

SECTION 43. Said section 5 of said chapter 176Q, as so appearing, is hereby further amended by inserting after the words "Each health plan", in line 4, the following words:-

485 and stand alone vision or dental plan

486 **SECTION 44.** Said section 5 of said chapter 176Q, as so appearing, is hereby further amended
487 by inserting after the words “No health plan”, in line 7, the following words:-

488 or stand alone vision or dental plan

489 **SECTION 45.** Said chapter 176Q is hereby further amended by striking out section 10, as so
490 appearing, and inserting in place thereof the following section:-

491 Section 10. The connector seal of approval shall be assigned to health benefit plans or stand
492 alone vision or dental plans, as applicable, that the board determines (1) meet the requirements of
493 subsection (d) of section 5; (2) provide good value to consumer; (3) offer high quality; and (4)
494 are offered through the connector.

495 **SECTION 46.** Said chapter 176Q is hereby further amended by striking out section 11, as so
496 appearing, and inserting in place thereof the following section:-

497 Section 11. When an eligible individual, eligible child or eligible small group is enrolled in the
498 connector by a producer licensed in the commonwealth, the health plan or standalone vision or
499 dental plan chosen by each eligible individual, eligible child or eligible small group shall pay the
500 producer a commission that shall be determined by the board. In setting the commission for
501 health plans, the board of the connector shall consider rates of commissions paid to producers for
502 health plans issued under chapter 176J as of January 1, 2006.

503 **SECTION 47.** Section 12 of said chapter 176Q, as so appearing, is hereby amended by striking
504 out subsection (a) and inserting in place thereof the following subsection:-

(a) The connector shall be authorized to apply a surcharge to all health benefit plans or stand alone vision or dental plans which shall be used only to pay for administrative and operational expenses of the connector; provided, however, that such a surcharge shall be applied uniformly to all health benefit plans or uniformly to all stand alone vision or dental plans offered through the connector and sub-connectors; provided further that a sub-connector may charge an additional fee to be used only to pay for additional administrative and operational expenses of the sub-connector. These surcharges shall not be used to pay any premium assistance payments under the commonwealth care health insurance program, as described in chapter 118H.

SECTION 48. Item 1102-5600 of section 2C of chapter 304 of the acts of 2008 is hereby amended by inserting after “Northampton” the following:
provided further that not less than \$300,000 shall be expended to complete a courthouse master plan for the city of New Bedford which examines the judiciary’s needs, existing court facilities and the possible reuse and expansion of the superior court into a regional justice center;

SECTION 49. Item 1599-1705 of section 2A of chapter 52 of the acts of 2011 is hereby amended by inserting after the words “June 1, 2011 storms” the following words: - and the October 2011 snowstorm.

SECTION 50. Chapter 68 of the acts of 2011 is hereby further amended by striking out item 4180-1100 and inserting in place thereof the following item:-

4180-1100 For the Soldiers' Home in Massachusetts which may expend not more than \$425,000 in revenues for facility maintenance and patient care, including personnel costs; provided, that 60 per cent of all revenues generated pursuant to section 2 of chapter 90 of the General Laws through the purchase of license plates with the designation VETERAN by eligible veterans of the

commonwealth, upon compensating the registry of motor vehicles for the cost associated with the license plates, shall be deposited into and for the purposes of this retained revenue account of the Soldiers' Home; provided further, that the Soldiers' Home may accept gifts, grants, donations and bequests; and provided further, that notwithstanding any general or special law to the contrary, for the purpose of accommodating timing discrepancies between the receipt of retained revenues and related expenditures, the Soldiers' Home may incur expenses and the comptroller may certify for payment amounts not to exceed the lower of this authorization or the most recent revenue estimate as reported in the state accounting system; prior appropriation continued

\$425,000

SECTION 51. Chapter 68 of the acts of 2011 is hereby further amended by striking out item 4190-1100 in its entirety and inserting in place thereof the following item:-

4190-1100

For the Soldiers' Home in Holyoke which may expend not more than \$300,000 for facility maintenance and patient care, including personnel costs; provided, that 40 per cent of all revenues generated pursuant to section 2 of chapter 90 of the General Laws through the purchase of license plates with the designation VETERAN by eligible veterans of the commonwealth, upon compensating the registry of motor vehicles for the cost associated with the license plates, shall be deposited into and for the purposes of this retained revenue account of the Soldiers' Home; provided further, that the Soldiers' Home may accept gifts, grants, donations and bequests; and provided further, that notwithstanding any general or special law to the contrary, for the purpose of accommodating timing discrepancies between the receipt of retained revenues and related expenditures, the Soldiers' Home may incur expenses and the comptroller may certify

549 for payment amounts not to exceed the lower of this authorization or the most recent revenue
550 estimate as reported in the state accounting system; prior appropriation continued
551 \$300,000

552 **SECTION 52.** Item 4400-1000 of section 2 of the chapter 68 of the acts of 2011 is hereby
553 amended by inserting the following:-

554 ; provided further, that the commissioner of the department of transitional assistance may
555 transfer funds for identified caseload-related deficiencies between items, 4403-2000, 4405-2000
556 and 4408-1000

557 **SECTION 53.** Item 1599-0026 of section 2 of chapter 68 of the acts of 2011 is hereby amended
558 by inserting the following:-

559 provided further, that any unexpended funds made available under this item shall not revert on
560 June 30, 2012 but shall remain available for expenditure until June 30, 2013

561 **SECTION 54.** Item 9110-2500 of section 2 of chapter 68 of the acts of 2011 is hereby amended
562 by inserting the following:-

563 provided, that for the purpose of accommodating timing discrepancies between the receipt of
564 retained revenues and related expenditures, the department may incur expenses and the
565 comptroller may certify for payment amounts not to exceed the lower of this authorization or the
566 most recent revenue estimate as reported in the state accounting system.

567 **SECTION 55.** Item 1599-6152 of section 2E of the chapter 68 of the acts of 2011 is hereby
568 amended by inserting the following:-

; provided further, that notwithstanding any general or special law to the contrary, if the secretary of administration and finance determines that amounts transferred from the General Fund to the State Retiree Benefits Trust Fund are not needed to support the costs of the state employees' retirement system for health care and other non-pension benefits for retired members of the system in fiscal year 2012, the secretary of administration and finance shall notify the comptroller and the house and senate committees on ways and means of this determination and the comptroller shall transfer such amounts from the State Retiree Benefits Trust Fund back to the General Fund; and provided further, that notwithstanding any general or special law to the contrary, that the comptroller shall transfer funds under this item to item 1108-5200, with the written approval of the secretary of administration and finance, for the purpose of offsetting employee premium contributions incurred within item 1108-5200 until June 30, 2012

SECTION 56. Notwithstanding any general or special law to the contrary, funds appropriated in line item 4000-0265 in chapter 142 of the acts of 2011 shall be expended pursuant to the following: The appropriation in item 4000-0265 in chapter 142 of the acts of 2011 shall be equally distributed to the teaching community health centers with a family medicine residency program in the cities of Fitchburg, Worcester, Lawrence and the community of South Boston no later than May 15, 2012. In addition the secretary of the executive office of health and human services shall designate an agency to administer the funds and shall retain 5 per cent of the total funds for the following purposes: (1) to report to the house and senate committees on ways and means and the executive office of health and human services on the use of the funds by community teaching health centers; (2) to audit such centers in order to confirm the use of said funds by each center for training purposes; and (3) to study and produce a report by September 15, 2012 on the status and needs of teaching health centers throughout the commonwealth to be

submitted to the house and senate committees on ways and means and the secretary of the executive office of health and human services.

SECTION 57. Notwithstanding any general or special law to the contrary, the Massachusetts Bay Transportation Authority or any successor, shall enter into an agreement to establish or amend existing defined benefit retirement or pension benefits only if any employee hired after the effective date of the agreement or amendment may not receive a subsidized early retirement benefit or a subsidized early retirement pension benefit prior to the completion of 25 years of credited pension service and attainment of 55 years of age. An early retirement benefit or early retirement pension benefit will be considered to be subsidized if the benefit amount is reduced less than $\frac{1}{2}$ per cent for each month, 6 per cent for each year, the pension begins prior to the employee's normal retirement date, or such higher percentage reduction that may be incorporated into the benefit percentage multipliers contained in the table entitled "Table Showing Percentage of the Amount of Average Annual Rate of Regular Compensation to be multiplied by the Number of Years of Creditable Service for individuals who become members on or after April 2, 2012," under section 5 of chapter 32 of the General Laws. The Massachusetts Bay Transportation Authority is not prohibited by this section from permitting retirement prior to attaining age 55; provided, however, that either: (1) the employee is entitled to a disability pension under the Massachusetts Bay Transportation Authority retirement system; or (2) the employee has earned the maximum percentage allowed under the retirement formula of the Massachusetts Bay Transportation Authority retirement system and that the employee waives the ability to collect a pension and retirement benefit until attaining age 55.

SECTION 58. (a) Notwithstanding the bidding requirements set forth in section 39M of chapter 30 of the General Laws, chapter 149 of the General Laws, or chapter 149A of the General Laws

or any other general or special law to the contrary, the Massachusetts Bay Transportation Authority is authorized to utilize the Construction Manager/General Contractor project delivery method, hereinafter referred to in this section as CM/GC, for the green line extension project, located in Boston, Cambridge, Somerville, and Medford, as a CM/GC pilot project. The pilot project shall emphasize an integrated team approach to the planning, design, and construction of the green line extension, and shall control schedule, budget, and risk allocation, while ensuring a quality end product for the project owner. The pilot project shall include engagement of construction expertise in the pre-construction process to enhance constructability, manage risk, and facilitate execution of design and construction.

(b) The CM/GC procurement procedures shall be included in a CM/GC pilot project procedures manual which shall be developed by the Massachusetts Bay Transportation Authority in consultation with, and approved by, the office of the inspector general. Prior to approving said procedures manual, the office of the inspector general shall seek input and comment on the procedures manual from the Construction Industries of Massachusetts.

Any proposed revisions to said CM/GC green line extension procedures manual shall be submitted to the office of the inspector general for review and approval. Prior to approving any proposed revisions, the office of the inspector general shall seek input and comment on the revisions from the Construction Industries of Massachusetts.

(c) The procurement procedures shall encourage participation by qualified firms through a qualifications and price-based process, and shall include requests for proposals, technical scores and price components, and criteria for prequalification, which shall include minimum levels of experience, financial capability, bonding capacity, demonstrated commitment to obtaining

meaningful disadvantaged business enterprise participation during all phases of the CM/GC process, workforce diversity, and other criteria deemed appropriate for evaluation, selection, and award by the Massachusetts Bay Transportation Authority board of directors.

(d) The CM/GC shall be required to self-perform construction work amounting to not less than 50 per cent of the total construction contract price, except that any items designated in the construction contract as “specialty items” may be performed by subcontract and the cost of any such specialty items so performed by subcontracts shall be deducted from the total cost computing the amount of work required to be performed by the CM/GC with his/her own organization. A listing of items considered to be “specialty items” will be included in the RFP.

(e) The provisions of the General Laws generally applicable to public works projects procured by the Massachusetts Bay Transportation Authority including, but not limited to, sections 26, 27, 27A, 27B, 27C, 27D, 27F, 34A and 44H of chapter 149 of the General Laws and sections 39F, 39G, 39H, 39J, 39M except the first sentence of subsection (a), 39N, 39O, 39P and 39R of said chapter 30 of the General Laws shall apply to the pilot project.

(f) In developing, modeling, and implementing the CM/GC project delivery method, the Massachusetts Bay Transportation Authority shall follow the principles and provisions of the General Laws as described above in subsection (e) generally applicable to public works projects.

(g) The Massachusetts Bay Transportation Authority shall establish, in consultation with the office of the inspector general and the federal transit administration, such additional procurement requirements, procedures, and project standards as are necessary to encourage full competition and best construction practices. The general manager of the Massachusetts Bay Transportation

658 Authority, or a designee, may consult with legal, financial, technical and other experts within and
659 outside state government in the implementation of this section.

660 (h) Within 2 years of the enactment of this section, every 2 years during the term of the project,
661 and within 6 months of completion of construction of the project, the general manager of the
662 Massachusetts Bay Transportation Authority shall file a report with the house and senate
663 committees on ways and means, the joint committee on transportation and the clerks of the house
664 of representatives and senate. Said reports shall evaluate the selection process of the CM/GC, the
665 preconstruction phase services provided by the CM/GC, the effectiveness of the CM/GC as the
666 project transitions through 1 or multiple guaranteed maximum price negotiations leading to the
667 contracting for the full scope of construction, and an evaluation of the construction phase
668 services provided by the CM/GC. Each report shall include, but not be limited to, a
669 determination of the following aspects for the project:

670 (1) Whether any CM/GC “best-value” selection criteria, procedures, or requirements set
671 forth in the CM/GC pilot project procedures manual should be revised to improve the
672 outcome of the project, the rationale for the improvements, and recommended revisions;

673 (2) Whether tangible benefits were achieved from the CM/GC’s input into the
674 preconstruction services phase of the project, based on a comparison of traditional
675 procurement delivery methods, and examples of any such benefits;

676 (3) The planned or budgeted cost and duration of preconstruction services, the actual cost
677 and duration of the preconstruction services, and a summary of any significant variances of
678 greater than 20 per cent between them;

(4) An assessment of whether the CM/GC's preconstruction services expedited the completion of the design and streamlined the design phase by reducing detailed engineering, which is not required for non-critical aspects of the design, and improved the constructability of the project;

(5) An evaluation of the CM/GC's overall quality of work during construction, including management of the construction materials and installation and the level of punch-list work required, and a determination of whether the CM/GC's overall quality of work during construction is directly proportional to the quality of the CM/GC's input during design;

(6) A comparison of the original guaranteed maximum price to the final or adjusted guaranteed maximum price, at the completion of the project, or of each interim guaranteed maximum price, if applicable. This comparison shall be inclusive of all the realized expenditures, for all of the authorized changes beyond the scope of the original GMP, and shall include a narrative to explain the rationale for any significant variances within each of the main cost centers of the project;

(7) An assessment of the effectiveness of any interim guaranteed maximum price that was issued to start and maintain critical construction progress, including any negative and positive impacts of allowing a CM/GC to proceed on aspects of construction without a guaranteed maximum price for the total project scope;

(8) A detailed evaluation of the CM/GC's performance, including, but not limited to, the CM/GC's communication with the designer-of-record and the awarding authority, cooperation with the rest of the project team members and stakeholders, effectiveness of input during the design, ability or willingness to successfully negotiate reasonable and

comprehensive GMP's, general contracting effectiveness, quality of construction, cost estimating skill sets, willingness to work on solutions instead of claims, ability to recover from schedule delays, and the ability to complete the project as efficiently as possible;

(9) An identification of any bid protest filed as a result of the use of the CM/GC project delivery method, the decision, and a detailed explanation of the rationale for the decision; and

(10) An assessment of whether and in what ways the CM/GC procurement process, procedures, or requirements set forth in the CM/GC pilot project procedures manual have impacted disadvantaged business enterprise and small business contracting opportunities. The final report for the pilot project shall include a recommendation of whether it would be beneficial for the commonwealth to utilize the construction approach authorized in this section in conjunction with other construction projects.

(i) Paragraphs (a) through (g) shall not limit the general powers of the Massachusetts Bay Transportation Authority provided in chapter 161A of the General Laws. Said paragraphs shall effectuate the purposes of implementing the CM/GC pilot project.

(j) The general manager of the Massachusetts Bay Transportation Authority may delegate any of the powers conferred on him by this section to a designee, but the general manager shall not delegate the power to award the CM/GC pilot project contract which shall be exclusively vested in the board of directors of the Massachusetts Bay Transportation Authority.

SECTION 59. Notwithstanding any general or special law or rule or regulation to the contrary, any unexpended balances, not exceeding a total of \$18,000,000, in items 4000-0600 and 4000-

0700 of section 2 of chapter 68 of the acts of 2011, shall not revert to the General Fund until September 1, 2012, and may be expended by the executive office of health and human services to pay for services provided during fiscal year 2012.

SECTION 60. Notwithstanding any general or special law to the contrary, the commonwealth health insurance connector authority shall be authorized to establish a risk adjustment program as required by section 1343 of the Patient Protection and Affordable Care Act, Pub. L. 111-148, as may be amended from time to time.

SECTION 61. Notwithstanding any general or special law to the contrary, the division of insurance shall be authorized to study, establish if warranted, and supervise a transitional reinsurance program as required by section 1341 of the Patient Protection and Affordable Care Act, Pub. L. 111-148, as may be amended from time to time.

SECTION 62. Notwithstanding any general or specific law to the contrary, including, but not limited to, section 5 of chapter 59 of the General Laws, the following property shall be exempt from taxation and the date of determination as to age, ownership or other qualifying factors shall be July first of each year unless another meaning is clearly apparent from the context: Any solar powered system that is capable of producing more than 125 per cent of the annual energy needs of the property upon which it is located; provided, that the owner or operator of the solar powered system or the owner of the property upon which the solar powered system is located has made to the city or town where the system is located a payment in lieu of taxes, equal to 5 per cent of the system's gross electricity sales, including receipt of net metering credits as such credits are defined in section 138 of chapter 164 of the General Laws, in the preceding calendar year. For years 1 and 2, the payments shall be annualized based on gross estimated sales derived

from a formula to be determined by the department of revenue, in consultation with the department of energy resources. An exemption under this section shall be allowed only for a period of 20 years from the date of operation of such system. This section shall only apply to such solar powered systems for which an interconnection application has been filed for such solar powered system with the respective utility on or before December 31, 2011 and which the owner or operator of the solar powered system has site control, such as an executed purchase and sale agreement or lease, as of December 31, 2011. This section shall not apply to solar powered systems which are the subject of a payment in lieu of taxes agreement that was executed on or before July 1, 2012.

SECTION 63. The salary adjustments and other cost items authorized by the following 2011 amendments to collective bargaining agreements, for the period from July 1, 2011 to June 30, 2014, shall be effective for the purpose of section 7 of chapter 150E of the General Laws:

- (a) between the Barnstable Sheriff and Barnstable Correction Officers, BCCOU;
- (b) between the Barnstable Sheriff and Barnstable Radio Operators, IBCO Local 217;
- (c) between the Barnstable Sheriff and Barnstable Nurses, NAGE Local 58;
- (d) between the Barnstable Sheriff and Barnstable Clerical, NAGE Local 220;
- (e) between the Dukes Sheriff and Dukes Correction Officers, MCOFU;
- (f) between the Essex Sheriff and Essex County Correction Officers Association;
- (g) between the Essex Sheriff and Essex Administrators, IBCO Local R1-27;
- (h) between the Suffolk Sheriff and Suffolk Captains, AFSCME Locals 3967 and 3643;
- (i) between the Board of Higher Education and the American Federation of State, County and Municipal Employees Local 1067;

(j) between the commonwealth and the National Association of Government Employees
Local R1 292, Unit A;

(k) between the commonwealth and SEIU Local 888, for the Berkshire registry of deeds;

(l) between the commonwealth and OPEIU Local 6, for the Middlesex North registry of
deeds;

(m) between the commonwealth and OPEIU Local 6, for the Middlesex South registry of
deeds; and

(n) between the commonwealth and OPEIU Local 6, for the Hampden registry of deeds.

SECTION 64. Notwithstanding any general or special law to the contrary, the secretary of
health and human services, with the written approval of the secretary of administration and
finance, may authorize transfers of surplus among items 4000-0320, 4000-0430, 4000-0500,
4000-0600, 4000-0700, 4000-0870, 4000-0875, 4000-0880, 4000-0890, 4000-0895, 4000-0950,
4000-0990, 4000-1400, 4000-1405 and 4000-1420 of section 2 of chapter 68 of the acts of 2011
for the purpose of reducing any deficiency in these items, but any such transfer shall be made not
later than August 30, 2012.

SECTION 65. Notwithstanding any general or special law to the contrary, the unexpended
balances of all capital accounts which otherwise would revert on June 30, 2012, but which are
necessary to fund obligations during fiscal year 2013, are hereby re-authorized; but this re-
authorization shall terminate upon enactment of a capital account extension law.